REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 5/17/05 2 Serial/Patent # 10 5/8,937					
3 Please refund the following fee(s):		4 PAI	PER IBER	5 DATE FILED	6 AMOUNT
Filing			/	12/17/04	\$ 100
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment	Ĩ			\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND \$ / 80			\$ 100
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment	Credit Deposit A/C #:			
	Duplicate Payment	, 02-0184			184
	No Fee Due (Explanation):				
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: HONUSUN TITLE: Parallegal					
SIGNATURE: 4 JANNA PHONE: 308-9140					
office: <u>00-80</u>					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room \$02B